


**Department of Conservation
Division of Recycling**

PMD 2 (03/07)

801 K Street, MS 17-24 • Sacramento, California 95814
Phone 916/323-5778 • **Fax** 916/445-0645 • **TDD** 916/324-2555
Website www.conservacion.ca.gov

PLASTIC MARKET DEVELOPMENT PAYMENT CLAIM FORM

Application for Calendar Quarter (check one): ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th Year: _____

Certification/Identification Number: _____

Facility Name: _____

Mailing Address: _____

Contact Person: _____

Telephone Number: _____

Type of Material: ☐ Flake ☐ Pellet ☐ Other: _____

Weight of Material Shipped (Tenth of Tons)	#1 PET	#2 HDPE	#3 PVC	#4 LDPE	#5 PP	#6 PS	#7 Other
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(check one) ☐ As a certified entity, I certify under penalty of perjury that the plastic materials herein were sold to a California product manufacturer.

☐ As a California product manufacturer, I certify under penalty of perjury that the plastic product(s) identified below was made in California from plastic purchased from a certified entity in California.

I certify under penalty of perjury that the facts presented herein are true and correct to the best of my knowledge.

Signature and Title of Authorized Representative _____

Date _____